

THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME III.

NEW YORK, NOVEMBER 11, 1886.

NUMBER 2.

THE CHIRONIAN.

VOL. III.

NOVEMBER 11, 1886.

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Per annum, in advance, \$1.50. Single copies, 15 cents.

All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.

Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.

The editors are not responsible for opinions of contributors.

Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

WE are pleased to note that Prof. Markoe, of the New York Hospital, has extended to our students an invitation to be present on the occasion of a number of very important surgical operations at that institution (New York Hospital). While it is said that medical students, irrespective of school, are permitted to witness these operations, yet even this fact does not lessen in the slightest degree this high mark of professional courtesy, which becomes more marked by the high position occupied by Prof. Markoe in the surgical world.

THE life of the medical student is not an easy one, especially if he is one who desires to do well and to get the most out of his college course. To sit on a hard bench all day, to listen to lecture after lecture till his mind seems almost lost in a maze of theories and facts, then to go to his boarding house and sit down to a meal—such, perhaps, as the word

boarding house is too apt to suggest—to spend the evening in vain endeavor to reconcile fact and theory and remember both—surely the picture is not an attractive one. Add to this the worry and fear of falling irretrievably behind, with the constant prodding of that "still, small voice" which, like the New York policeman, is ever saying, "Move on, gentlemen, move on," and a day of rest with a place in which to enjoy it is, to the student discouraged with his work and tired both in mind and body, like an oasis to the weary traveler in the desert. Thoroughly appreciating the student's need of an occasional day of rest and recreation, our genial Professor of Surgery has offered to the students, in place of the usual prize, the free use of the grounds of the Manhattan Athletic Club for four successive Saturdays, an offer which was eagerly and gratefully accepted; and we trust the opportunity for good, healthful recreation will be thoroughly appreciated and enjoyed. Following this comes the kind invitation of Prof. Talcott for the Senior Class in parties of ten to visit the asylum at Middletown, enjoy a day's outing, and observe some of the evils which so frequently result from an overworked brain and a weakened body. Let every student make the most of these offers, and the end of the term will find him stronger, both physically and mentally, and better able to pass through the trying ordeal of examinations on the last great day.

THIS is an age of discovery, and not to be behind the times, the "old school," finding their attempts at the destruction of homœopathy by abuse and ridicule of no avail, have for a number of years been resorting to the flank movement of discovering in various drugs the wonderful virtues which have long been known to their friends the homœopaths. One of their recent "discoveries" is the wonderful

efficiency of Thuya in the removal of warts and vegetations. One of their journals in reporting this discovery says: "Thuya Occidentalis (*arbor vitæ*) is credited with the remarkable property of causing the disappearance, in a very short time, of all kinds of vegetations and warty growths, by its internal administration. Many successful cases are reported by French physicians; in fact, it is said to seldom or never fail. Its action is regarded as quite phenomenal in this direction. Among others, Dr. Constantin Paul reports the cure, within fourteen days, of non-syphilitic warts which covered the genitalia of a woman. It is said to be equally serviceable in the case of condylomata and other similar growth." Further comment is unnecessary.

THE interest in baseball has revived much earlier than last year, and thus far has resulted in one match game and a brilliant victory. There is no reason why the students of a medical college should not take a certain amount of interest in athletic sports, although the advantages for frequent indulgence are not very great. There are several Saturday afternoons before winter closes down upon us which may be advantageously devoted to the invigorating sport, and the most should be made of the opportunities. Students as a class take too little exercise, and a few afternoons devoted to outdoor sport will no doubt prove beneficial.

Acute Enteritis with Perforation.

BY H. W. PAGE, M.D.

AT a quarter after midnight on the morning of October 26th I was summoned in haste to attend Mr. K—, aged 48, who with his wife had come on to the city two weeks before that he might undergo a course of treatment from a specialist (old school) for a chronic enteritis with ulceration, which had kept him in a miserable state for over a year. Antedating this trouble was a dyspepsia of long standing. He was receiving benefit from his treatment, which consisted of internal tonics and local injections. He had been across town and visited his physician on

the afternoon of the 25th and was feeling ordinarily well. At 7 P. M., after a dinner on his usual limited diet, he suffered some discomfort in the stomach and thereupon took a warm bath, after which he felt nausea and vomited, followed by a painful liquid stool. (He ordinarily had two painless diarrheac stools per day.) Both troubles increased in frequency and severity. He retired at 9, and I was sent for at 12.30. Found the patient excessively restless, tossing about, hot perspiring skin, temperature 101, pulse (fairly strong) 100. Vomiting and stool every fifteen minutes. Neither very profuse, but both dark brown, almost black and horribly offensive. Tongue coated and dry; pain and distress in stomach and abdomen before each stool, exhaustion after; could retain nothing on stomach; much belching and passing of flatus. Complained of heat, and threw off clothing. Prescribed Ars. 3 $\times$ in water every ten minutes. No change at end of an hour. Rectal and vesical tenesemus (not severe) appeared. Introduced Merc. Corr. 6 $\times$ in alternation with Ars. 2.15 A. M.—No change. Had taken $\frac{1}{4}$ grain morphia per mouth just before I arrived, but vomited it at once. Now gave, hypodermically, $\frac{1}{8}$ th grain. *Had no more stools or vomiting.* The belching also, unfortunately (?), stopped, and the abdomen began to bloat, with severe general colic, cold face and extremities, with clammy sweat. Gave Verat. Alb. 1 $\times$ every ten minutes and abdominal hypodermic of $\frac{1}{8}$ th grain. Hot applications to extremities and abdomen; patient still restless and complains of heat. Gave glass of hot water to start belching, also glass of wine to stimulate. Stomach retained both, but had not desired effect. 3.15 A. M.—Patient sinking, same condition, feared perforation, advised wife of critical condition, sent for my friend, Dr. Stephen W. Roof. 3.30 A. M.—Dr. Roof arrived; patient cold and clammy; temp. 94.8; pulse very feeble and rapid; intense colic; abdomen bloated, tympanitic and sensitive; restlessness excessive, with tossing about and peculiar moaning. Dr. R. anticipated perforation and advised application of moist heat to abdomen; hypodermic of $\frac{1}{4}$ grain; brandy freely given, also whiffs of chlo-

roform to revive failing heart. Morphia, with exception of first dose, had no effect either on pain, senses or restlessness. Deemed unwise to give any more. 4.30.—Collapse; pulseless at times, at others thready, barely perceptible; gasping for breath. Gave hypodermic of alcohol over heart. Dr. R. discovered marked aortic valvular trouble. The hypodermic failed to revive, and patient died in collapse at 5.20 A. M. Diagnosis: Acute enteritis, supervening upon previous chronic trouble, with perforation of the bowel at site of previous ulceration, the perforation taking place at about the time the first hypodermic was administered; the stools, vomiting and belching ceasing suddenly at that time, and patient going rapidly into state of collapse. Perforation caused by effort of vomiting, straining with stools or tossing about, and taking place at some ulcerated and weakened point.

Changes in the Tactics of the Enemy.

TRULY wonderful are the changes wrought by time; and it is perhaps well for the disciple of Hahnemann who, secure in his professional and social position, is engrossed in his art, or bent upon increasing the revenue he derives from it, to occasionally pause and reflect upon the transformations that are taking place about him which, while they may not affect him personally, will affect the future status of Homœopathy in this country.

We purpose to notice briefly one or two conspicuous changes that time has made in the bearing of the dominant school towards us.

Within the past few years the light of correct therapeutics has forced its way into craniums that used to be shrouded in darkness. A professor in Bellevue Hospital Medical College gives evidence that a ray of this light has illumined his cerebrum, for in a lecture delivered a few months ago he advises his pupils to give drop doses of wine of Ipecac for nausea and vomiting, drop doses of Castor Oil for diarrhœa; and so on through quite a long list of remedies. Evidently, also, a glimmer of the same light has penetrated the cephalic mass of a large number

of practitioners of the school to which Prof. Smith claims to belong, for medical students are apt to be but planets that reflect the light of the preceptorial sun, and though we are still young we can recall a time when his very instructive lecture would have been greeted by his pupils, if not with a volley of eggs certainly with the cry of quackery, which used to be the old-school synonym for Homœopathy; and the board of trustees would have vomited him out of the faculty in a way that drop doses of the wine of Ipecac would not have stopped.

If Prof. Smith had been honest in this lecture we might rejoice at his change of practice, but he was not. He held Homœopathy up before his class and said: "This is not Homœopathy. It is not science. These are simply clinical facts for which I shall not attempt to give any explanation."

Prof. Smith in the use of our law and our dose, and in lacking the manliness to acknowledge the source of his light, gives a fair illustration of old-school tactics of to-day, as any one may see who reads their literature. Here we note one great change in the bearing of old-school medicine. They adopt our dose and give it according to our law. They remind us of the man of whom the poet said: "He takes what he at first professed to loathe," etc.

But this is not the only change that has come o'er the spirit of their waking hours. The time has been when he who accepted the law of similars as his therapeutic creed did it with the consciousness that ridicule and abuse would inevitably follow. That time is past, and to-day he who chooses to advocate and practice the teachings of Hahnemann, instead of fleeing from town to town to escape persecution, has but to settle down and reap a reward in proportion to his worth.

Here we may note another great change in old-school methods. But do these changes indicate that they accept Homœopathy as an established fact, and that the war is over? We think not. It rather seems to us that no period in the history of our school has called for sharper vigilance than the present; but if Truth can be lulled to sleep, Error will masquerade in

her robes and much evil may be done before the fraud is detected. So long as the Homœopathic physician had to win professional and social standing from the dominant school by an open fight in a fair field the issue was not doubtful. The enemy soon saw this and, acting on the motto that discretion is the better part of valor, they called off their hounds and professed a truce, only that they might undermine our school and compass our downfall by strategy. Professing to tolerate us as members of the medical fraternity, and in this state even consenting to consult with us, they are our implacable enemy still, and while in most localities they have ceased to try to root out individual representatives of our school, they are no less determined that, as the distinctive name of the therapeutic belief of a class of physicians, Homœopathy must go. They see that the practice is steadily growing in popularity with the people. They know that in many instances their despised competitor gets his call simply because he is known as a homœopathic physician, and that this state of affairs must go on in constant aggravation as long as the accursed name is familiar to the public ear. Having failed to extirpate the school by the cautery of persecution, they now seek to remove the name by the process of absorption. To this end, as well as because they can no longer question their efficacy, they largely adopt our dose and our methods of prescribing. Of course, they adopt nothing from us! The progress of the age has improved the practice of medicine! No, they have nothing to do with Homœopathy! They condemn dogmas. But the impression on the public is fast becoming what they wish—that there is but little difference in the two schools, after all.

In view of these facts, what should be the attitude of the young men who are constantly augmenting our ranks? It is needless to address the veterans, for, having borne the standard through the heat of battle, they know their duty; but we say to the young men just training for the conflict: Stand by your name. Win your professional reputation as a homœopathic physician. By so doing you will reap a greater

reward for yourself and leave a heritage for your successor.

Operation at the Hahnemann Hospital.

ON the 13th of October, by invitation of Prof. Wilcox, the entire Senior Class was given an opportunity of witnessing a capital operation of magnitude at the Hahnemann Hospital. The operation, which was the amputation of the thigh at the upper third, was performed by him, assisted by Dr. Knight and W. T. Helmuth, Jr.

The patient, a man of forty-seven years of age, was wounded at the battle of Cold Harbor during the late civil war, by a bullet, which crushed the femur. The wound remained a running sore for three years, when a sequestrum eight inches in length was removed. About two years ago the patient contracted malaria, from which he suffered a great deal. Last January he had a fall, and after a time the wound re-opened. He has had eight operations, two of which were performed by Prof. Wilcox, for removal of diseased portions of bone. At the last operation, owing to the extent of the necrosis, it was decided that amputation held out the only chance of affecting a cure or of saving the patient's life.

While the patient was being anæsthetized, Prof. Wilcox gave a very interesting and instructive lecture on the history of amputations, speaking of the methods used by the ancients; how they waited for the line of demarkation to be fully established between the living and dead tissues before operating, and then cutting through the dead tissues in order to avoid hemorrhage. He mentioned the earlier instruments used in amputating, as the chisel and cutting forceps, and that the hemorrhage was stopped by the application of hot irons or boiling tar. Also the introduction of the ligature by Ambrose Paré, the French surgeon, and the gradual growth of the circular and flap methods of operating were mentioned. The details of ligating the arteries, the coaptation of the flaps, and the use of drainage tubes, the dressing of the

wound and the "antiseptic method" were given, and the operator's reasons for preferring the latter. These reasons were:

1st. The greatly decreased mortality since its introduction.

2d. The greatly increased comfort to the patient on account of the diminished liability to surgical fever, and the lessened necessity for frequent changes of the dressing; and

3d. The far greater *probability* of obtaining healing by first intention and under one dressing.

The Professor premised his remarks by saying that in amputating a patient's limb we were cutting off something which we could never replace, and that a serious operation of this kind ought never to be considered until every other available means of treatment had proven futile—that is, it should only be undertaken as a last resort to save the patient's life or to restore him to health.

He classified amputation as to place:

1st. An amputation in contiguity, in which a limb was removed at its articulation.

2d. An amputation in continuity, when the amputation is made through the shafts of the bones.

And as to time of amputation.

1. *Immediate*, when the amputation is performed immediately after receipt of injury in order to save patient's life.

2. *Intermediate*, when it is performed after patient has recovered from shock of accident, but before inflammation has set in.

3. *Secondary*, performed after suppuration has set in.

The methods of amputation are the circular, where the integument is divided in a circular manner and then dissected up and turned back, while the other structures are divided; and, 2d, the flap method, in which flaps are made of integument and muscular tissue to make a covering for the end of the bone and to make a good stump. For drainage tubes he uses either rubber or decalcified bone. The former was best when a great deal of suppuration was expected, and the latter when the wound was expected to heal by first intention. The decalcified bone drainage tubes last from a week to ten days.

After the patient had been etherized by Dr. Knight, the thigh was washed with a bichloride of mercury solution 1 to 2,000, and the wound cleansed with some of the same solution. Some cotton was then placed over the sinuses and held in place with a bandage. Esmarch's bandage was then applied and the operation begun. Lister's method, which consists of a long anterior and a short posterior flap, was the one employed, the length of the long flap being equal to one-third of the circumference of the leg at the point of section through the bone, the posterior being one-half the length of the anterior. Then the flaps being held back by a retractor, the bone was sawed off. After removal of the bone the remaining part was examined, and it was found that the diseased condition extended up further than was at first supposed, and one and a half inches more was removed. On attempting to ligature the femoral artery it was found that it was so brittle the ligatures cut through, and, after two unsuccessful attempts, a needle threaded with silk was passed under the artery, including considerable muscular tissue. This expedient proved successful. At this stage of the operation the patient appeared to suffer considerably from shock. The anæsthetic was removed and the patient given hypodermics of brandy, which revived him. All the larger vessels were then tied and the Esmarch removed. After as many vessels as possible were ligatured the wound was closed as quickly as possible, owing to the condition of the patient, who was still suffering from shock. The wound was closed with two rows of sutures; first, five wire and button sutures were put in to hold flaps together; then a row of deep silk sutures was introduced, and had there been time the edges of the integument would have been united by cat-gut sutures, but the patient's condition did not admit of it. The stump was covered with corrosive sublimate gauze held in place by a recurrent bandage.

NIGHT-KEYS, as a rule, have their hardest work to do in the morning.—*Puck*.

Materia Medica.

WE wish to express our pleasure at the way in which we are, during the present winter, instructed in the powers and uses of drugs :

1. That the physiological action is made plain as a basis for the study of symptomatology.

2. That we are not deluged with a flood of symptoms which do not especially distinguish the drug from others, but tends rather to induce an Aconite anxiety and a Baptisia confusion of ideas.

3. That by impressing the similarity of drug effects to certain types of disease processes we are taught both in regard to the drug and the manifestations of the disease, one or more stages of which are simulated by it.

4. That by comparisons instituted, drugs alike in important symptoms are associated in the mind and at the same time sharply distinguished.

We understand that the classification of drugs as given last year is not materially changed, but that nominally fewer drugs are to be lectured upon, while others are to be introduced by way of comparison. We expect to *hear from all of them*.

Quinine and Malaria.

WE have been told that certain organisms ("Plasmodiums") have the intrusive habit of making their way into the blood, and by feeding upon the blood corpuscles produce anæmia and so-called malarial conditions, and that in the attempt to destroy the organisms or their germs, "the germs may prove to be as tough as the corpuscles of the blood."

Apropos of this, we abstract from Dr. Phillips's excellent work on the *Materia Medica* of the Vegetable Kingdom the following regarding the physiological action of quinine :

"That quinine in large doses is a protoplasm poison has been lately proved by a number of observers. * * * As long ago as 1849, Buchheim and Engel had observed that quinine had power to check the progress of alcoholic fermentation ; and the interesting researches of Pasteur, which came later, directed general

attention to the importance of the low organisms which are present in fermenting liquor. In 1868 Binz published his first researches, which made it evident that quinine exercises a restraining action on the growth and movements of protozoa, and in large enough dose destroys their life.

"In this and subsequent papers by Binz and by Scharrenbroich and Martin, it was further shown that this influence applied also to the *development and to the emigrations of the white corpuscles of the blood* ; and although there have been disputes as to the degree of saturation of the blood with quinine which is required in order to arrest the movements of the corpuscles, there can be no question now that this action exists, and that it can be carried to an extent which is even fatal to the life of the animal."

If it is the prerogative of both the malarial infection and of the germicide quinine to so interfere with the rights and functions of the blood corpuscles, it seems not strange that both again should sometimes produce, as Dr. Phillips acknowledges, paroxysms of a similar character. Dr. P., however, denies the power of quinine to simulate "the periodical feature of the disease."

Never too Late to Learn.

WE clip the following from the *British Medical Journal* of October 9th :

"It is generally stated that, in cases of poisoning by belladonna, the temperature is lowered, or, at the least, not raised. In nine cases recently observed in Germany by Kratler and Strassman the temperature was distinctly raised in every instance."

An honest doctor writes to the same journal :

"I did not obtain my information of this use of Hydrarg. Perchlor. in this form of diarrhœa from Dr. Ringer's excellent work, as Dr. MacDonald perhaps supposes, but from probably the same source that Ringer obtained his, of which, to any one that knows, the book bears many traces, namely, from homœopathic treatises. But it matters not whence the knowledge comes, I know it to be an excellent remedy in the form of diarrhœa I previously described ; if not

adopted too late in the case it is invariably successful."

TO THE CHIRONIAN:

WE would respectfully invite the attention of those who have been wont to ridicule the system of drug prescribing as taught by Hahnemann to Dr. Bowditch's reply to Question VIII., propounded by a member of the Hahnemannian Medical Society of the Boston University Medical College.

Question:

"Drs. Wood and Bartholow explain the action of certain remedies as substitutive or antipathic. How does this differ from the law of similars?"

Following is Dr. Bowditch's reply:

"By the term antipathic action of a drug we naturally infer that the effect of that drug in disease is the opposite of its effect when used in health; or, in other words, that it can cure in disease symptoms which it would produce in the healthy body. Thus in several forms of vesical irritation cantharides, in itself a marked vesical irritant in certain doses, often proves itself of great service in allaying the most distressing symptoms in that part of the system, a fact well recognized among regular physicians, and yet in this case again we see no evidence of an absolute "law of similars." We know that this drug has certain marked effects upon the vesical tract, but we know equally well that while its beneficial action in atonic and irritable conditions of that region is often marked, it is by no means an infallible remedy for all cases of vesical irritation."

Is there any homœopath from Hahnemann down so untrue to the genius of Homœopathy as to prescribe cantharis for "all cases of vesical irritation?"

If there is no other drug in the *Materia Medica* in the animal, vegetable or mineral kingdom that will produce symptoms of vesical irritation upon the healthy human body, then would there be more show of reason for the above criticism.

As the case stands we merely rise to make the correction, and to say that as students of the homœopathic method of prescribing drugs we

are taught preëminently to avoid routine practice, to individualize our cases so that if, as is most often the case, the patient presents other symptoms than those of vesical irritation, these, too, are to have their due weight, and *may be all important* in the selection of a remedy which shall cover the morbid condition as a whole and so remove the more obvious symptoms of vesical irritation.

Perhaps it is well that homœopathy should continue to be taught, and that the facilities of those who devote so much of their time to the inculcation of its principles should be increased, and that the name should be preserved until at least those who object so strenuously to its use shall have some adequate knowledge of its true import.

Funny Side of Microbes.

EVERYTHING is running to microbes in these degenerate days. Our bread, butter, potatoes and beer are one wriggling mass of worms, and all the diseases that once amused a free people are now attributed to bugs.

A man cannot have a violent attack of good, old-fashioned cholera morbus, but what some physician with a microscope finds that he has become an incubator for little beasts, and the dear old pains in the stomach that afforded us so much pleasure and spiced our happiness in boyhood are said to be a national convention of *bacilli*.

The commonest form of diarrhœa is directly attributable to a picnic of animated commas, and even true love is so mixed up with worms that a fellow is afraid to kiss his best girl, lest she should crawl off and die. If a fellow finds his lungs at variance with himself, he at once infers that the bugs have congregated for a pulmonary camp meeting, and if his heart palpitate, he has to lie down under the conviction that a lot of mischievous young germs have gone swimming in his life-blood.

We are doomed to be infested by worms all the days of our lives, and in death we are promised that they will be continued in our next, like Mrs. Southworth's exciting yarns in the *New York Ledger*.

From the cradle to the grave we are portable

battle-fields for unregenerate bugs, and all the efforts of psychology and thingmajigology are being bent to the task of proving that civilization only adds to our wormy condition. All the triumphs of art, science and religion are but the wriggings of infinitesimal worms; and all the beauty of heart, face and mind which we see about us is but a flossy cocoon wound about creeping things.

Before this awful discovery was made a young man could kiss his beloved at the garden gate and go home and sleep sweetly and enjoy pleasant dreams of rosy lips and bright eyes and other intoxicating hereditaments thereunto belonging and to them appertaining; but now, in this age of progress, he presses his worm-eaten lips to the bug-infested cheek of his darling, and at the moment when he should feel the wavelets of bliss surging up his spinal column, he hears the voice of conscience crying "rats!" and he wilts and seeks his couch to dream of loathsome worms.

For my part, I do not thank science for revealing all the zoölogical phases of life to me. It has gradually impaired my digestion to sit down to the table convinced that the formerly palatable dishes that I prized so much are but insects and crawling things served up in a variety of styles. It makes me ill to think that I was a fool when I referred in a sarcastic tone to the favorite grub of the plain, unostentatious Digger Indian. I sowed the bug in so doing, and now I am reaping the humbug in broadcloth and blushes. I have seen my appetite pine away and die in contemplation of its own baseness, and as water has been scientifically discovered to be the bug-juice of the age, I have sworn off drinking it. I have pledged myself to my withered stomach not to look upon water when it is wet, and now I drink nothing but harmless whiskey and gin fizz. I have eschewed the sherry cobbler and the rum punch, because there is vile water therein. I only drink that which has never known water except by reputation. I prefer the worm of the still to those active little wretches that do not know how to be still. It gives me more rest and my stomach seems to be better contented in its presence.

Science has carried its great bug theory too far. It has made our lives one great gob of sadness and soured the wine in our cellar of existence. It has robbed us of our stomachs and turned our livers over in sorrow. It has made a happy world dyspeptic and wretched and paved the broad road that leads to a drunkard's grave. It has revolutionized life and made death terrible, and it has made it necessary to again revise the Holy Book, for that old expression, "Earth to earth, dust to dust, and ashes to ashes," will not work. It should read, "Germ to germ, bug to bug, and worm to microbe."—*Health Record*

Prominent Symptoms Presented by Infants in Disease.

THE young physician frequently finds himself in an awkward and disagreeable position when he is called to see a sick baby; it cannot speak and explain its troubles and its pain-distorted little face, its moaning and crying are without any meaning to him. A pædologist, however, through constant practice, finds a number of peculiarities in the actions and facial expressions of the child, which are to a degree pathognomonic of certain diseases, thus enabling him to find the seat of the disease approximately. This interesting subject was recently treated in a lecture before the meeting of naturalists at Berlin, by Prof. Soltmann of Breslau.

As an introduction he declared that even a perfect familiarity with the physiognomy of children by no means exempts the physician from the duty of examining the little patient thoroughly. He first called attention to the great eloquence of the eyes, which in the healthy child look bright and gay, while in the sick they are dull, dark and deeply sunk back into the orbits. The face of a healthy infant, in the opinion of all—except its mother—is full, rounded, without expression and shows nothing but quietude and peace, undisturbed by any impressions of cerebral activity. Like the face, so also the gesticulations of the child, the movements of its little body, the kicking and rolling

around and stretching in its bed, indicate perfect health.

All this changes immediately when the child gets sick. The face at once takes on a distinct expression of suffering, the gestures change and become so characteristic that, from them alone, one can frequently recognize the seat of the disease.

When the child cries out violently, with far open mouth and closed eyes, one can, before having examined the respiration, be pretty sure that it has whooping-cough. If the child puts its hands to or into its mouth, teething or some diseased process in the buccal cavity is going on. In colic the legs are flexed upon the abdomen and quickly withdrawn from it again, and the child cries, may be bathed in perspiration and have a reddened face.

Very sick children, however, do not cry, as is the case for instance in severe affections of the respiratory organs, peritonitis, etc. The child then has an exceedingly sorrowful, depressed expression, as though it would like to cry out with pain, but suddenly changes its mind. Characteristic, and always differing from one another, are the positions of children in pneumonia, pleuritis and peritonitis. In pneumonia the children always lie quietly on the back; in pleuritis they always lie on one side, always the diseased one, and if they are taken up, lean over to the sick side. In peritonitis, on the other hand, the children lie on the back, with drawn up legs, and the face again expresses sorrowful depression. In croup, on account of the diminished calibre of the trachea and the consequent difficult breathing, the face has an expression of dreadful anxiety and fear, and all muscles of the chest and neck which take part in respiration are in violent action; but one look at the quiet *alæ nasi* and the diaphragm is sufficient to indicate that there is no immediate danger.

A similar anxiety is also visible on the face of a child suffering from heart disease, but it has a more rigid, motionless expression; its helpless looking eyes are widely opened; its muscles, no more sufficiently nourished by the blood, become relaxed and elongated—"the child makes a long face."

The facial expression in diseases of the brain is also peculiar; the features change entirely and look perfectly strange; rigid, earnest, almost serene quietude is expressed on the face in meningitis; the head is drawn back, the eye immovably fixed upon one point, the eyebrows are corrugated and the lips firmly compressed. Where these conditions are present, attacks of convulsions with death will not be far off.

Also in diseases of the intestinal tract the study of physiognomy furnishes valuable information. In severe grades of entero-colitis the face indicates disgust, the tongue is put out, etc. The body of the little one in intestinal inflammation gets dry, mummy-like; the child looks like an old man, all fat disappearing from beneath the skin.

In this manner the lecturer gave some characteristic peculiarities in the face and gestures of the little patients for every group of diseases occurring in the infantile age. In the debate which followed the reading of this article, Prof. Hensch made the following remark: "Healthy infants always lie with their little hands raised, so that the tips of the fingers are about on a level with the ears. When a child gets sick, it no longer retains this position, but the hands drop laxly down."

From this short exposé it will be seen that the sick child has a language of its own, which is not generally understood, but which is extremely expressive to him who makes diseases of children his special study.

A Peculiar Case of Pregnancy.

BY PROF. W. O. M'DONALD, M.D.

AN imperfect sketch of the peculiarities of the case which is the subject of this article was presented to the Obstetrical Society last spring.

The patient, a young woman twenty-six years old, was married on April 28, 1885.

She began to menstruate at the age of thirteen years. She never suffered from the performance of the function. It lasted regularly for six or seven days. It always returned on or about the twenty-eighth day.

She never presented any leucorrhœa, nor did she observe any pelvic pain or distress.

During her married life the menstrual period presented no aberrations.

Her last menstruation began on November 12th and continued for six days, and during this time she felt even better than usual.

On December 15th she had the first attack of nausea, which returned at intervals until the 28th, when after a severe attack of vomiting she felt a sore lump in the right side of the lower part of the abdomen.

She thought she was pregnant, but as she did not consider that such a "find" belonged to this condition she came to me on January 3d for an examination.

Nothing peculiar was found on inspecting the breasts and vulva.

The vagina was moist, not particularly dark. The cervix was soft, large in all its dimensions, the lower end rather low in the pelvis, long, curled so as to correspond to the curve of the bony canal, and, as far as it could be traced upwards, without any suggestion of enlargement.

There was what appeared to be some erosion of the mucous membrane of each lip of the cervix continuous through the os into the canal. There was also pronounced definition of the lips into anterior and posterior. Careful search in the vaginal cul-de-sacs failed to develop anything unusual.

Above the brim some vague inclination in the left side of the pelvis, of which I could make nothing, and in the right side, lying behind the inner end of Poupart's ligament a globular mass, somewhat sensitive, which could easily be pushed over into the median line, and which in an uncertain kind of a manner impressed me as being continuous with the cervix, as felt by the finger in the vagina.

In addition, I could feel the right ovary to the right of and posterior to what I took to be the uterus, but could get no trace of the left.

The mass was rather more than two inches in diameter, according to my impression; it was not measured then, but I estimated that if the curl could be taken out of the cervix and uterus

it would certainly have extended two inches above the brim.

She suffered from three attacks of illness in all while under my observation. They were very much alike, beginning with severe vomiting, pain and tenderness. More pronounced in the uterus. Rapid pulse and elevated temperature. During the last attack, which began on February 17th, the pulse was noted at 108 and the temperature at 100° in the mouth, the pain was both constant and paroxysmal, and the tenderness was hypogastric and right and left inguinal in location. The duration of this seizure was about a week, and as it was to a certain extent suggestive of extra-uterine gestation it made me rather uncomfortable.

On February 23d, the uterus extended, by measure, six inches above the symphysis; its greatest transverse diameter being four and a half inches.

The cervix was lower than ever in the pelvis, curved forwards, longer; it was soft, moist and gorged with blood, the anterior and posterior lips very pronounced, and it could now be appreciated that it moved to and fro with the abdominal mass.

The mass which represented the uterus was from the first symmetrical, and nothing was found to suggest that there might be a double uterus.

There had been no discharge of any kind. Auscultation had been essayed on two occasions, but with no result, owing to the racket raised by the motion of gas and fluid through the intestinal tube.

On March 27th the uterus extended one and a half inches above the umbilicus; the greatest transverse measurement was five and a half inches. It was perfectly free in the abdominal cavity and could be pushed from side to side.

The uterus was knob-shaped, its greatest transverse diameter being near its superior extremity; its antero-posterior dimensions being seemingly at the same level and about the same as the transverse.

The foetal heart could not be found, but the uterine souffle could be obtained just below the greatest bulge of the mass.

This patient's home is located in one of the Western States.

I am informed that she was safely delivered on August 19th, and, while I am not in possession of any details, I have reason to infer that the labor was not unnatural. The child has been reported to me as weighing seven and a quarter pounds at birth. Parturition took place just two hundred and eighty days from the beginning of the last menstrual period and two hundred and seventy-four days after its termination.

Supposing impregnation to have taken place on November 18th, the day the flow ceased, on January 3d, the forty-sixth day, the uterus extended between one and two inches above the brim of the pelvis. On February 23d, the ninety-seventh day, it reached, by measure, six inches above the brim; and on March 27th, the one hundred and twenty-ninth day, it had risen one and a half inches above the umbilicus.

On January 3d the breadth of the organ was about two inches.

On February 23d the greatest breadth was four and a half inches.

On March 27th the greatest breadth was five and a half inches.

Leishman, p. 146, says: "During the first twelve weeks of gestation the womb remains within the true pelvis, or cannot at least be felt above the pubes." "In course of the fourth month the fundus can usually be felt, by the finger of the accoucheur, above the pubes." "Very generally it will be found to have attained the level of the umbilicus some time in the course of the sixth month."

Thus, it appears, that in the seventh week of pregnancy the uterus was found to extend as high as we ordinarily find it in the fourth month.

And that within one hundred days it went up to the position proper for the sixth month.

And that in the nineteenth week its upper border had attained the limit which belongs to seven months.

In regard to the transverse dimensions noted in this case, I am not in possession of any facts which would warrant one in attempting to establish any standard for the rate of growth of the

uterus in what may be called normal pregnancies. At the same time, I have an impression that the measurements given would correspond in a general way with those to be obtained in a large majority of pregnant women, and I will consequently not attempt to make any comparisons in this direction.

It seemed that the growth of this uterus was mainly shown by its increase in length, excepting at the fundal end, where it expanded in all directions, thus giving origin to the globose or knob-shaped extremity.

Time proved that this was a case of pregnancy, and it went on to what may be called a natural termination.

Its mode of growth for the first four months, at least, was irregular.

I am not yet clear as to the anatomical anomalies which were responsible for this irregularity.

The recurring attacks of illness, vomiting, pain, tenderness and fever, the undoubted inflammation which existed in the pelvis, first suggested extra-uterine pregnancy. But the motility of the mass and the evident location of the pain and tenderness in the uterus soon eliminated this condition.

The next supposition was a pregnant single-horned uterus, and this was favored by the fact that the organ lay on the right side, and that, while the right ovary could be felt, there was no trace of the left.

But the pregnant uterus inclines to the right side in a majority of cases, according to Leishman; and the fact that the left ovary could not be felt goes but a very little way towards proving that it was not there.

Vaginal examination furnished nothing to suggest that there was a double uterus, or that there was a single lateral uterus.

Such lateral growth as took place was symmetrical, there being no differences to be observed between the two sides of the mass.

Finally, we have the supposition that the ovum lodged at the fundal end of a very much elongated uterus. Growing here it expanded so fast that the walls of this part of the organ could not keep pace with it at first, and their giving way, in part, gave rise to the attacks of inflammation.

Later, in all probability, it expanded below, and at the end it came to occupy the utero-cervical canal very much after the ordinary fashion.

I incline to the opinion that this explanation approximates to the truth in this singular case.

Translations.

BY S. LILIETHAL.

Hydrate of Chloral for Insomnia.

DR. STARCKE and Dr. Gurzburg recommend an enema of Hydrate Chloral for insomnia. It must never contain more than fifteen grains; ten and less often suffice. The rectum must be emptied of fecal matters by a simple enema, and then the Chloral applied, dissolved in warm water, nearly at the same temperature as that of the blood. Generally the number of injections can be diminished, so that its application may be only necessary every other evening or once a week.

—*Allg. Med. Cent. Zeit.*, 33, 1886.

Ramolissement de cerveaulet (softening of the cerebellum).

AS an appendix to the excellent article published in the March number of the *North American Journal of Homœopathy* by our friend, Dr. W. M. Butler, it may, perhaps, be of some interest to add another case of cerebellar disease:

Dr. Thierry, of Paris, publishes in the *Progrès Médical*, No. 1, 1886, the following case:

D., thirty-one years old, entered hospital February 23, 1885. Except an attack of articular rheumatism, from which he suffered the preceding years, he always enjoyed good health, and all abuses in Baccho et in venere are strictly denied. About a month ago he began to complain of *severe headaches*, of *mucous greenish vomiting*, at first more rarely, then several times daily. Attacks of *stupefaction*, transitory deficiency of sight, an unusual debility of the extremities of the left side, rendered gradually the gait of the patient insecure, so that he looked as if under the influence of liquor. Sometimes he

had to sit down to prevent falling, and repeatedly he fell down stupified in the midst of his work. A convulsive or apoplectic form of attack, with unconsciousness, was never observed. At present he complains of excessive debility of the whole left side. He cannot stand straight and has to lie continually on his right side. The left extremities are not paralyzed, but their movements are slow and without energy. The left hand can only be incompletely opened. The extension of the thumb, of the index finger and of the first phalanx of the middle finger is alone possible; the other fingers remain flexed like a claw. No contracture, no convulsive tremors. On the right side motility not disturbed. Sensibility is preserved on both sides; somewhat weakened on left side, where, also, the reflexes manifest themselves in a less degree than on the right side. Neither atrophy nor cutaneous lesions. Continual, intensive pains over the whole head; surging in the ears, with diminished hearing on the left side. Amblyopia, and dilatation of the pupil ad maximum, on left side. Apathy, continual somnolence, dreaming and uttering unconnected words. When roused up responds correctly. Temperature in axilla, 36.3; pulse, 50, not intermitting; sounds of heart clear. Respiration regular, 16 to the minute. Vomited twice in the evening. Ordination *kali iod. 2, 0 pro die*. State remained the same February 24th–26th. The scanty urine contained neither albumin nor sugar. February 27th, coma and cyanosis sets in. The dilated pupil contracts like the right one. Exitus lethalis, 10 A. M.

Autopsy.—Internal organs normal. Brain: Meninges free from adhesions; not a trace of inflammation or of miliary granulations. The blood vessels of the pia filled with dark blood and appear raised up over the surfaces of the convolutions. The ventricles filled with a clear, serous fluid. Superficial softening of the walls of the right lateral ventricle; consistency of brain mass otherwise normal. Cerebellum: Softening of the left cerebellar lobe in its totality, its anterior and posterior parts form a grayish-white streak. The most centrally situated white parts, constituting the foot of the

peduncle, are the only parts which preserved the normal consistency. Another focus of superficial ramollissement is found at the anterior end of the right cerebellar lobe. The middle lobe is intact, also the bulbous and the pons. The truncus basilaris is open in its whole extent, but a coagulum clogs in the length of one centimetre the left arteria cerebelli inferior posterior, coming from the vertebralis. Microscopic examination (Prof. Cornil) reveals the presence of many granular cells in the softened parts.

Here again we may follow Dr. Butler and refer the reader to *Reynolds's System of Medicine*, Vol. II., p. 279.

Rosenthal (Eulenburg's Encyclopædia, Vol. V., p. 622) considers as the characteristic symptoms of a cerebellar tumor: neuralgia, mostly occipital headache (with frequent vomiting), increased by percussion, vertigo (in lying, sitting, walking, even when supported), oscillating gait like 'drunk'; convulsions, hemiplegia, amblyopia, converging squint, disturbances of speech and of hearing may also be observed. We never meet here the lancinating pains of tabes nor any weakness in the sexual sphere or sphincters.

College Notes.

KLINE has come back.

GET your summer clothes dyed.

LOST—A rose-bud; return to "Martino."

WHO is the Freshman so conspicuous in the front ranks?

WHAT's the difference between "Sore-eyes" and Conjunctivitis?

W. S. PUTNEY, '82, Milford, Conn., made us a short call a few days ago.

PROFESSOR MOFFAT's quiz before the lecture makes the Middle men wilt.

DR. EDWIN DE BAUN, '85, recently of this city, has removed to Passaic, N. J.

DID you see the procession? How much cold to the square inch did you "catch"?

PARKER, '88, has returned. He received a cordial greeting from his classmates.

IT is reported that the president recently elected by the Juniors will graduate with '88.

JEWETT and Robinson take the quizzes in clinical ophthalmology. Just ask Jewett where the "posterior centre" is, and hear him answer.

R. H. CURTIS, M.D., professor of surgery in the Homœopathic Medical College in San Francisco, is attending the Polyclinic and also some of our clinics.

C. N. PAINE, '85, has resigned from the hospital staff of the Cumberland Street Hospital. He held the position of assistant surgeon. A successor is desired.

THE student who claimed that certain drugs were *phytolactic* against the evil effects of a wetting must have had "stiffness of the jaws, with a feeling like mumps."

SAWYER went home to New Hampshire to vote. He claims that his vote carried the town, possibly from the fact that the name of the successful candidate for Governor is Sawyer.

LABORATORY work has begun, and the lower lecture-room presents an animated appearance when the classes in urinary analysis, urinary sediments and histology are all busily at work.

DIALOGUE.—Student: Professor, you will observe I came in late.

Professor: Yes; but I would rather observe you come in on time.

Silence.

SOME of the students who were missed from the front rows on election day must have labored heavily under the burden of duty, since it took a whole day for them to cast their votes and recover from its effects.

G. R. SOUTHWICK, M.D., lecturer on Gynecology in the medical department of Boston University, was present at several of Prof. Danforth's recent lectures. Dr. Southwick, though a young man, is very favorably known among the profession.

PROFESSOR: What can you say about China in anæmia and exhaustion?

Student (slowly): It is of great value where there is a loss——.

Professor (impatiently): Yes! yes! yes! a loss of animal fluids. Just as easy to tell it fast as slow.

THE Chemical Laboratory this year will have as assistants to Dr. Porter two members of the Junior Class, who have made a special study of chemistry. These gentlemen are Mr. E. G. Tuttle, A.B., graduate of Amherst College, Class of '85, and Mr. W. H. Bennett, A.B., a graduate of Brown University, Class of '86.

THOUGH there may be no written law compelling one to take off his hat when entering the amphitheatre, yet there is a traditional and long-established law to that effect, which will not permit itself to be trampled upon by certain well-known Freshmen. We trust that we will not be obliged to allude to this matter again.

THE attention of our readers is called to the advertisement of Messrs. Waite & Bartlett, manufacturers of electrical instruments for medical use. We have received a number of testimonials all speaking in the highest terms of their instruments, and especially of their "cabinet batteries." We would advise all who intend buying a battery to call upon them before purchasing elsewhere.

THE University and the College of Physicians and Surgeons had arranged to play a game of ball on the Polo Grounds on the afternoon of Saturday, October 30th. The University nine was there, but only five of the opposing team made their appearance. The game was given to the University by a score of 9 to 0. The defeat which we gave the P. and S. boys must have disheartened them.

NOTHING is more inspiring to a teacher or renders his work more of a pleasure than the feeling that he occupies a warm spot in the heart of each of his pupils. As a slight token of the affection and esteem which the Class of '87 has for Prof. Helmuth and in remembrance of the anniversary of his birth, they presented him with a handsome study lamp on Monday, November

1st, the first lecture following the anniversary. In accepting the token of esteem Prof. Helmuth said he should look back upon this occasion as one of the many bright spots which dot the pathway of his life's journey, and should always look with pleasure upon this pleasant reminder of the Class of '87.

Our Boys Play a Game of Baseball.

A VERY interesting and exciting game of baseball was played at the Manhattan grounds, this city, on the 23d ult., between a picked nine composed of students of our college and a nine, made up in the same way, of students of the College of Physicians and Surgeons (Allopathic) of this city. When the two nines came upon the field, before the opening of the game, the chances for our boys looked doubtful, to say the least of it. The pitcher for the opposite side was a fair specimen of pugilistic development, and looked as if he could perform his part of the work in a manner decidedly dangerous to all who opposed him, but so many liberties were taken with the ball by the Homœopaths that he was asked to retire later in the game, and his place was taken by a more expert pitcher, but not until the fate of the champions of "big doses" had been sealed for the day. The playing of the P. and S. boys went from bad to worse, but they stuck it out bravely against their more scienced opponents, and at the end of the seventh inning had managed to score five runs. The game was "called" at this time, owing to the approaching darkness. Our players, who delighted in the name of the "Little Pills," were as follows, and all did most excellent work: Griswold, pitcher; Lyons, catcher; Hamlin, Arthur and Johnson, basemen; Hard, shortstop; Graves, Landauer and King in the field. Griswold and Lyons worked magnificently together, and first and second basemen of the same nine made a very pretty double play. There was great applause from the large audience as, during the progress of the game, one side or the other took in flies or scored runs. Score at close of game stood: Homœopaths, 14; Allopaths, 5.

OUR college Dispensary is, as the following report shows, in as flourishing a condition as ever. During the month of October there were 2,106 prescriptions given, 720 new cases treated, of which 104 were children under 14 years, 178 visits to the poor made, and 26 surgical operations performed. As the Dispensary is located in the same building with the College, it is of great benefit to our students, on account of the good cases sent to our clinics. During last summer's vacation a number of our Seniors were constant attendants at the children's, women's and surgical clinics. The Ophthalmic Hospital, also in the same building, shows itself as not being behind in its usual number of cases treated. During October the number of prescriptions given was 4,212; new cases treated, 830, of which 552 were for the eye, 117 for the ear and 161 for the throat; patients resident in the Hospital, 26; average daily attendance, 162; largest daily attendance, 230. Some of our last year's graduates are at present attending the lectures given at the Hospital, with the view of obtaining the degree of "O. et A. Chir."

BELOW we print a list of the new men entering our college this year. At this early date we cannot tell how much the number will swell, as some come in as late as Christmas. They are mostly graduates from literary and other colleges, as only four of them were required to pass an entrance examination. We point with pride to such a list of college men, as it not alone raises the standard of the college, but also will be an honor to the homœopathic profession at large.

Allen J. H.	Connecticut
Allen, P.	New York City
Baker, C. R.	New Jersey
Bennett, W. H.	Massachusetts
Boocock, F. B.	New York
Bunn, F. C.	New Jersey
Campbell, J. B.	New York
Capen, S. R.	Massachusetts
Church, H. A.	New York
Cole, A. S.	Connecticut
Connell, J.	New Hampshire
Cummins, J. S.	New York
Curran, E. J.	Pennsylvania
Denison, J. W.	Connecticut

Dows, F. Le C.	New York City
Dunlevy, D. C.	New York
Dunn, J. A.	Pennsylvania
Elliot, A. H.	New Jersey
Engelhardt, H.	New York City
Finerty, J. W.	New Hampshire
Hallett, J. D.	Connecticut
Hardy, W. J.	New Jersey
Harrison, J. B.	New Jersey
Honan, W. F.	Kentucky
Howes, R. W.	New York City
Hoyt, W. R.	New York
Jenkins, J. H.	New Hampshire
Kellogg, F. B.	Connecticut
Laidlaw, A. H.	New Jersey
Laidlaw, G. F.	New Jersey
Lewis, C. H.	New York
Lewis, F. A.	New York
Luce, D.	New York
Mitchell, C. T.	Connecticut
Morrison, H.	New Jersey
Opdyke, C. P.	New Jersey
Quackenbush, E. M.	New York
Queen, L. A.	New York City
Rathbun, G. A.	New York City
Sword, G. P.	Massachusetts
Schafmeister, J. A.	Connecticut
Tuttle, E. G.	Massachusetts
Watson, W. A.	New York
White, J. B.	New York
Wilcox, C. E.	New York

THE names of the members of the graduating class were posted on the Bulletin a few days ago. Fifty-three aspirants for the degree from our college comprises the class. The Freshmen look with awe upon such an array of wisdom; and involuntarily the thought arises, "Shall we ever rise so high?" Even the Middle man, inspired with the hope of some time gaining such an honored position, looks upon the "most potent, grave and reverend Senior" with envious eyes, and longs for the day when he, too, may occupy the "bald-headed" row in the quizz and look into the professor's face with an unconscious air of great wisdom as the ever-ready answer flows from his lips.

EASY SHAVING.

THE Boston *Post* says that "barbers were originally surgeons" and adds, apparently with much feeling, "a great many of them are now."

Exchanges.

THE November *Century* will be found of especial interest from the fact of its beginning the publication of "The Life of Lincoln," by his private secretaries, John G. Nicolay and Colonel John Hay. From an historical point of view the value of the work must be ranked high.

Theodore Roosevelt contributes a paper on "Machine Politics in New York City,"—a subject of which he has made a comprehensive and suggestive study, and one which deserves careful consideration by all who are at all interested in New York politics. "The Need of Trade Schools" is the subject of an illustrated paper by Colonel R. T. Auchmuty, who discusses his subject with reference to what is being done in this line of progress in different parts of the world.

On the side of art and archæology there is an illustrated paper by Dr. Charles Waldstein, on "The Temple of the Ephesian Artemis, and the Ancient Silver Patera from Bernay." The fourth illustrated paper is contributed by Dr. B. E. Martin, on "Old Chelsea," and consists of chat about the literary and other localities and celebrities of that fast changing quarter of London.

The climax of the war is reached in the military series at the battle of Gettysburg, which is to be described by Generals Hunt, Longstreet, Doubleday, Law, and Alexander. The part of General Hunt's contribution, which deals with the first day's battle, appears in the present number, prefaced by a paper on "Hooker's Appointment and Removal," by "An Officer at the Headquarters of the Army of the Potomac," revealing the political aspects of those events.

Under fiction, besides the tenth part of Mr. Howells's novel, "The Minister's Charge," there is a short story of the East and West, by Mrs. Mary Hallock Foote, "The Fate of a Voice," and the first part of a novel by Frank R. Stockton, entitled "The Hundredth Man," which is in an entirely new vein, showing a more serious

bent than heretofore. The other departments are well sustained, and contain much interesting material.

The following exchanges have been received: "The Medical Institute," "The Southern Medical Record," "The Pacific Record," "The Homœopathic Physician," "The Willistonian," "The Century," "The United States Medical Investigator," "The Swarthmore Phoenix," "New York Medical Monthly," "Denver Medical Times," "The Health Record," "Journal of Reconstruction."

Book Notices.

A Lecture on Homœopathy. By C. WESSELHOEFT, M.D. Boston: Otis Clapp & Son, 1886.

THIS is the third edition of the excellent lecture of Dr. Wesselhoeft's, which was delivered some time ago before the members of the Boylston Medical Society of Harvard Medical School. It will bear a careful perusal.

WE acknowledge the receipt of the eighth volume of the Publications of the Mass. Homœopathic Medical Society.

WE have received the Literary Circular announcing the new edition (fifth) of Hel-muth's Surgery. Many additions have been made, and the whole book re-arranged and re-vi-sed, much increasing its value as a system of surgery.

A Candid Epitaph.

IN an old English churchyard is the following epitaph:

"I was well;
I desired to be better,
I took physic,
And died."

TWO OF A KIND.

PATIENT: Well, doctor, what do you call it?

Doctor: Progressive paralysis.

Patient's Wife: Is it anything like progressive euchre, doctor?—*Ex.*